PRINTED: 05/29/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING		/G		
		09G163	B. WI	NG _	<u> </u>	05/2	1/2008
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 248 WALNUT STREET, NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	A recertification sur 19, 2008, through N	vey was conducted from May May 21, 2008, using the	W	000		700	
W 120	of three clients was population of six mand other disabilities based on observatione day program, in records, including ut 483.410(d)(3) SER OUTSIDE SOURCE	sure that outside services	W	120		2008 JUN 09 A 11: 54	ARTHENT OF HEALTH
ABORATOR	Based on observation review, the facility facili	ensure Client #3's day adequately trained to ensure served in accordance with his at his day program on 15 PM revealed the client was client's meal that consisted of rrot raisin salad, per staff observed to be pureed and ed divided plate. During the aff person was observed to all cup of cut pineapples (not be noted that during the			The QMRP visited day pro 05/22/08 to observe and more meal. Talked to case manager attending to individual #3 vassured that proper diet and taccordance with dietary ordeserved and that they will contrain the new staff as well. So mentioned problem does not occ QMRP and HM of DCHC will to visit day program on week initially then on monthly basis.	onitor his and staff who have exture in r will be ntinue to the above cur again. continue kly basis	5/22/08
ABORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE
	Lenn	Shah.			D- a- / 1		101.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
		09G163	B. WIN	IG	- 05/2	21/2008	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 248 WALNUT STREET, NW WASHINGTON, DC 20011			
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W 120	observation the climany pieces of the fall on the table. A observed to refuse Interview was constaff that was assimally 19, 2008, at a According to the innewly employed at one month). Revie Physician's Orders AM revealed the cof an 1800 calorie, fat pureed diet. At facility failed to enswere provided with certain that Client:	ent's hand was unsteady and e pineapple were observed to additonally, the client was to eat all of the pineapple cup. Iducted with the day program sting Client #3 with his meal on approximately 12:25 PM. Interview, the staff member was the day program (less than lew of Client #3's May 2008 Item thad a prescribed diet order low cholesterol, high fiber, low the time of the survey, the sure that the day program staff adequate training to make #3's was provided his entire e with his physician's order.	W 1	20			
W 137	survey), the Qualif Professional (QMF program to train st diet. The QMRP from mealtime observation was provided with his dietary orders. 483.420(a)(12) PR RIGHTS The facility must experience the right to repersonal possession.	is not met as evidenced by:	W 1	37			
		tion and interview, the facility					

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		09G163	B. WING _		05/2	1/2008
	ROVIDER OR SUPPLIER		2.	REET ADDRESS, CITY, STATE, ZIP CODE 48 WALNUT STREET, NW VASHINGTON, DC 20011	, ,,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COMPLE	
W 137	the use of approprime three clients (C sample.) The findings included the control of Client and a large gap (a between the client's shoe. It should be with a shuffle (feet ground). Interview was concentrated to the front portion gap in the rear of the survey, it could not was provided with 483.440(c)(4) INDICT The individual program plan includental needs.	eright of each client to retain iately fitting shoes, for one of client #2) included in the let. ent #2 on May 19, 2008, at 8:11 lient walking to the dining room ar a pair of black shoes that pproximately 1 1/2 inches) is heel and the back of the noted that the client walked remaining in contact with the liesional (QMRP) on May 22, the client's feet tend to move of the shoe, leaving a large the shoe. At the time of the lie be determined that Client #2 appropriately fitting shoes. VIDUAL PROGRAM PLAN pram plan states the specific ary to meet the client's needs, comprehensive assessment aph (c)(3) of this section.	W 137	The client #2 was taken to the foot measurement was taker pairs of shoes were purchased sure they fit him properly. The direct care staff was in sensure the right fitting shoes at client #2 at all times. Attachm	and two by making erviced to	6/06/08
	The finding include	s:				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G163	B. WIN	IG		05/2	1/2008
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W 227	address Client #2's developed and/or ir	ge 3 ensure an objective to poor dental hygiene had been nplemented. (See W242) DIVIDUAL PROGRAM PLAN	W 2		Please see answe Wa4	y to	
	those clients who a skills essential for p (including, but not li personal hygiene, b bathing, dressing, g of basic needs), un	ram plan must include, for ack them, training in personal privacy and independence imited to, toilet training, dental hygiene, self-feeding, grooming, and communication til it has been demonstrated velopmentally incapable of					
	Based on interview failed to ensure that plans (IPP) included two of the three clie included in the same. The finding includes: 1. The facility failed training to address. Review of Client #2 4:33 PM revealed the assessment dated the assessment the "poor oral hygiene. client's records on I revealed his IPP dathe IPP failed to pro-	s: d to ensure Client #2 received his poor oral hygiene. 's records on May 21, 2008 at		•	An in service training was give on 05/24/08 on proper tooth and oral care. Encourage rinsi after each meal and in bet needed. The QMRP and HM will comonitor the tooth brushing pro Data collection for oral hygiene started effective 06/01/08. Attachment #3 \(\mu \) - 3 H	brushing ng mouth ween as ntinue to gram.	6/01/08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 248 WALNUT STREET, NW WASHINGTON, DC 20011		· · · · · · · · · · · · · · · · · · ·
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W 242	2. The facility failed taught to wipe his no Observation of Clie PM revealed the cli saliva on the cuff of PM, the client was a saliva on the cuff of that the client's shirt Again at 6:31 PM, a client was observed his sleeve. Interview was cond Retardation Profess revealed the client protect him from dr revealed that the dr since the client had HCL. (medication produces the droolin survey, however, the supports to address on his shirt. 483.440(d)(1) PRO As soon as the interformulated a client's each client must retreatment program interventions and so and frequency to su	ge 4 It to ensure Client #1 was nouth appropriately. Int #1 on May 19, 2008 at 4:45 ent was observed to wipe his finis right shirt sleeve. At 5:50 again observed to wipe his finis sleeve. It should be noted to cuff was observed to be wet. It should be noted to cuff was observed to be wet. It of to wipe saliva on the cuff of the word with a Qualified Mental sional on May 21, 2008, that wore a bib in the past to cooling. The QMRP further cooling drastically decreased been receiving Dicyclomine rescribed specifically to go in 2005. At the time of the e client failed to receive is his behavior of wiping saliva. GRAM IMPLEMENTATION or disciplinary team has a individual program plan, beive a continuous active consisting of needed ervices in sufficient number upport the achievement of the lin the individual program.	W 24	The direct care staff was in 05/24/08 to encourage clies the napkin to wipe his sali mouth. A box of napkin is him at all the times. Staff wi as needed. Attachment # if	nt #1 to use va from his to stay with ll coach him	5/24/08
		s not met as evidenced by: on, interview, and record				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G163	B. WING_		05/21/2008	
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W 249	received continuous including needed in	ailed to ensure each client s active treatment services, aterventions, for one of the t #3) included in the sample.	W 249	Please see answer to W371.		
W 322	provided the opport medication program 483.460(a)(3) PHY	SICIAN SERVICES ovide or obtain preventive and	W 322			
W 362	Based on interview failed to ensure ger services, for one of included in the sam. The finding includes. The facility failed to to receive a psychiat Review of Client #3 2008 at 3:30 PM re November 12, 2007 was to receive an efor aggressive behat Client #3 receives psychiatric evaluation 483.460(j)(1) DRUCA pharmacist with in	s: ensure an order for Client #3 atric evaluation was followed. It's medical record on May 20, evealed a written order dated that documented the client evaluation by the psychiatrist aviors. There was no evidence eved the recommended	W 362	Client #3 has been a resident of since 1989. He does not aggressive behaviors. There isolated incidents of aggression (related to staff changes). covering QMRP was not family client #3. She discussed this episode with the PMD recommended psychiatric even Which was not warranted, by psychologist's evaluation psychologist and PMD concurrabove and the order was revoluted to the order was revoluted to the order was revoluted to the order was given an in second to the order was given and the order was given and the order was given an in second to the order was given an in second to the order was given and the order was given an in second to the order was given an in second to the order was given and the order was given an in second to the order was given an in second to the order was given and the order was given an in second to the order was given an in second to the order was given and the order was given an in second to the order was given and the order was given an in second to the order was given an in second to the order was given and the order was given and the order was given and the order was given an in second to the order	exhibit were two in in 2007 Also the diliar with seisolated D, who valuation. Dased on in. The led on the ked as of int 5A and ervice on is etc.	

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W 362		ge 6 s not met as evidenced by: and record, the facility failed	W 3	62			
	to ensure that the p regimens quarterly, (Client #1) included The finding includes	harmacist reviewed drug for one of the three clients in the sample.					
W 371	2008 at 12:46 PM reform. According to conducted the last of Client #1 on Januar Qualified Mental Re(QMRP) on May 21 conducted to ascert missing quarterly rethe QMRP revealed the facility at the timon April 9, 2008 becomedical appointment the facility failed to be regimen was review.	Is medical records on May 20, evealed a Pharmacy Review the form, the pharmacist quarterly medication review for y 8, 2008. Interview with the standation Professional, 2008 at 4:22 PM was tain information about the view. Further interview with the client's record was not in the of the review conducted on the cause Client #1 was on a lat. At the time of the survey, ensure Client #1's drug and the conducted on th	w a		Client #1 drug regimen was rev the pharmacist on 06/06/08. QN ensure that quarterly me reviewed are completed on titimely manner. See attachment 6	MRP will dication	06/06/08
	that clients are taug medications if the ir determines that self	g administration must assure ht to administer their own sterdisciplinary team radministration of medications spective, and if the physician serwise.					
	Based on observation	s not met as evidenced by: on, interview and record ailed to ensure clients were					

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W 390	taught to administe one of the three clie the sample. The finding includes Observation of the administration on M revealed Client #3 medications by the Nurse (LPN). The lithe client's medication by the client's medication and physically each medication. It nurse was also obsclient his water to do Interview with the Q Professional (QMRI Self Medication Assential Self Medication Assential Self Medication regiment Further review of the client was required and pick up his water the survey, the facil was provided the oprecommended self 483.460(m)(2)(i) DFT The facility must redurgs.	r their own medications, for ents (Clients #3) included in evening medication and 19, 2008 at 6:10 PM was administered his residential Licensed Practical PN was observed to punch ions from their bubble packs, cations into each medicine feed/administer the client should be further noted that erved to physically give the rink. Inualified Mental Retardation P) and review of Client #3's ressment (dated October 22, 2008 at 4:03 PM revealed the self medication program that to participate in his self with 50% independence, e assessment revealed the to pick up his medicine cuper and drink it. At the time of ity failed to ensure Client #3 oportunity to participate in his medication program.	W 390	The medication nurse has be to implement and do medication program for client #3. QMRP will monitor the self medication. See attachment #7	cument self all including continue to	5/20/08

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 436	failed to remove our of three clients (Clients (Clients)). The finding included administration on M #1 was observed to After the medication medication nurse he containing the eyed medication label on that an expiration d. Interview with the number of the medication and the medication was not aware that expired. Further interview was resumedication cabinet that facility was resumedication cabinet facility failed to ensure eye drops were remused to ensure eye drops were remused. The facility must further and teach clients to choices about the control of the medication and other devices in interdisciplinary teal.	atdated drugs from use, for one ent #1) in the sample. s: ation of the medication May 19; 2008 at 6:23 PM, Client or receive Teargen eyedrops. In administration, the facility's landed the surveyor the box drops. Review of the Client #1's eyedrops revealed late of May 8, 2008. The client #1's eyedrops revealed drops had expired on May 8, tion nurse indicated that he the client's eyedrops had terview with the medication the charge nurse assigned to ponsible for reviewing the at the time survey, the large that Client's #1's expired moved from use. CE AND EQUIPMENT This, maintain in good repair, ouse and to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the large that Client. Is not met as evidenced by: In an interview and recording in the consure that Client #1	W 3		An in service was done on 05/2 medication nurse. The eye client #1 was replaced immedithe nursing staff will ensure medication that has expired removed from use. Please see attachment #7	drops of ately and that all	05/20/08

		IDENTIFICATION NUMBER:	A. BUILD	ING		(X3) DATE SURVEY COMPLETED	
		09G163	B. WING		05/2	1/2008	
	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CO 248 WALNUT STREET, NW WASHINGTON, DC 20011		1/2000	
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W 436	recommended/preservations on M revealed Client #1 room in a recliner of elevated. The clien calf white socks with exposed (bare skir). Review of the clien 2008 at 12:09 PM of dated May 1, 2008 hose to both feet with the Qualified M Professional (QMR that Client #1 had the wore under a his schowever, the facili	escribed ted stockings. es: May 19, 2008, at 4:48 PM sitting in the facility's living chair with both of his legs ent was observed wearing mid with the area above the socks	W 436	The direct care staff was the importance of the adaptespecially emphasizing client #1 to wear his Ted has ordered by the PMD the HM will make sure that followed up by proper more Please See attachment 8	tive equipment the need for nose every day. he QMRP and this order is onitoring daily.	05/24/08	

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R 000	INITIAL COMMEN	TS		R 000				
	19, 2008, through I sample of three resresidential populati retardation and oth findings were base home and at one d	ey was conducted from May 21, 2008. A rand sidents was selected to on of six males with neer disabilities. The sud on observations in tay program, interview including unusual incircled.	from a from a nental urvey the group as and a					
ith Regula	ation Administration	Gmey 87			TITLE $ ho_{ m o}$	esident	(X6) DATE	

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G163 05/21/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 248 WALNUT STREET, NW D C HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A relicensure survey was conducted from May 19, 2008, through May 21, 2008. A random sample of three residents was selected from a residential population of six males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews and a review of records, including unusual incident reports. 1401 3520.3 PROFESSION SERVICES: GENERAL I 401 **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Client #3 has been a resident of DCHC Based on interview and record review, the since 1989. He does not exhibit GHMRP failed to ensure general and aggressive behaviors. There were two preventative care services, for one of the three isolated incidents of aggression in 2007 residents (Resident #3) included in the sample. (related to staff changes). Also the The findings include: covering QMRP was not familiar with client #3. She discussed this isolated The facility failed to ensure an interim order for episode with the PMD, who Client #3 to receive a psychiatric evaluation was recommended psychiatric evaluation. followed. Which was not warranted, based on psychologist's evaluation. Review of Client #3's medical record on May 20, 2008 at 3:30 PM revealed a written order dated psychologist and PMD concurred on the November 12, 2007, that documented the client above and the order was revoked as of was to receive an evaluation by the psychiatrist 06/01/08. Please see attachment 5A and for aggressive behaviors. Interview with the 5B. QMRP was given an in service on QMRP and continued review of Client #3's record behavior management protocols etc. on May 21, 2008, failed to provide evidence that Attachment 5 A+B.C Health Regulation Administration

Goney Styphen LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

President

(X6) DATE

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G163 05/21/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 248 WALNUT STREET, NW D C HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1401 Continued From page 1 1401 Client #3 received the recommended psychiatric evaluation. 1422 3521.3 HABILITATION AND TRAINING 1422 Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan This Statute is not met as evidenced by: Based on observation interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plan(s), for three of the three residents (Residents #1, #2 and #3) included in the sample. The finding includes: The facility failed to ensure that outside services met each clients active treatment needs. The QMRP visited day program on 5/22/08 The facility failed to ensure Client #3's day 05/22/08 to observe and monitor his program staff was adequately trained to ensure his entire meal was served in accordance with his meal. Talked to case manager and staff physician's orders. attending to individual #3 who have assured that proper diet and texture in Observation of Client #3 at his day program on accordance with dietary order will be May 19, 2008 at 12:15 PM revealed the client served and that they will continue to was eating lunch. The client's meal that train the new staff as well. So the above consisted of ham, bread, and carrot raisin salad, mentioned problem does not occur again. per staff interview, and was observed to be

Health Regulation Administration

pureed and served in a high sided divided plate. During the observation, one staff person was

pineapples (not pureed). It should be noted that during the observation the client's hand was

unsteady and many pieces of the pineapple were observed to fall on the table. Additionally, the

observed to give the client a small cup of cut

OMRP and HM of DCHC will continue

to visit day program on weekly basis

Attachment - I

initially then on monthly basis.

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G163		B. WING _		05/2	21/2008
NAME OF P	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 00/-	.1/2000
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I 422	Continued From pa	 ige 2		1 422	·		
	client was observed to refuse to eat all of the pineapple cup. Interview was conducted with the day program						
	staff that was assis: May 19, 2008, at ap According to the int newly employed at one month). Review Physician's Orders's AM revealed the clie order of an 1800 ca fiber, low fat pureed survey, the facility fa program staff were training to make cel provided his entire re	lucted with the day proting Client #3 with his pproximately 12:25 Platerview, the staff menthe day program (lessworf Client #3's May 2's on May 20, 2008, a lenthad a prescribed alorie, low cholesterold diet. At the time of ailed to ensure that the provided with adequation that Client #3's with a coordance with a coordance with a coordance with a client #3's with a coordance with a coordance with a client #3's with a coordance with a coordance with a client #3's with a coordance with a client #3's with a coordance with a client #3's with a coordance with a coordance with a coordance with a coordance with a client #3's with a coordance with	s meal on M. M. mber was sthan 2008 at 11:28 diet I, high the he day ate was				
	physician's order. Note: On May 22, 2008, (prior to the end of survey), the Qualified Mental Retardation Professional (QMRP) went to Client #3's day program to train staff on Client #3's prescribed diet. The QMRP further provided evidence of a mealtime observation that documented the client was provided with his lunch in accordance with his dietary orders.						
	(See Federal Defici	iency Report Citation	W120)				
	II. The facility failed to ensure each client received continuous active treatment services, including needed interventions. Observation of the evening medication administration on May 19, 2008 at 6:10 PM revealed Client #3 was administered his medications by the residential Licensed Practical Nurse (LPN). The LPN was observed to punch the client's medications from their bubble packs,						

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G163 05/21/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 248 WALNUT STREET, NW D C HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1422 Continued From page 3 1422 pour his liquid medications into each medicine cup, and physically feed/administer the client each medication. It should be further noted that nurse was also observed to physically give the client his water to drink. The medication nurse has been retrained Interview with the Qualified Mental Retardation to implement and document self 5-20-08 Professional (QMRP) and review of Client #3's medication program for all including Self Medication Assessment (dated October 22, client #3. QMRP will continue to 2007) on May 20, 2008 at 4:03 PM revealed the client had a formal self medication program that monitor the self medication program. required the client to participate in his self medication regimen with 50% independence. See attachment # Further review of the assessment revealed the client was required to pick up his medicine cup and pick up his water and drink it. At the time of the survey, the facility failed to ensure Client #3 was provided the opportunity to participate in his Please see answer to recommended self medication program. (See Federal Deficiency Report Citations W249 W249 4 W371 and W371) 1432 3521.7(c) HABILITATION AND TRAINING 1432 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in personal skills, for two of the three clients (Clients #1and #2) included in the sample.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

09G163

A. BUILDING ______B. WING _____

05/21/2008

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

D C HEALTH CARE

248 WALNUT STREET, NW WASHINGTON, DC 20011

D C HEALTH CARE		WASHINGTON, DC 20011				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION	1 111-117	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE		
I 432	Continued From page 4	I 432				
	The finding includes:					
	1. The facility failed to ensure Client #2 rectraining to address his poor oral hygiene. Review of Client #2's records on May 21, 20 4:33 PM revealed the client's Nursing Assessment dated April 23, 2008. According the assessment the client was noted to have "poor oral hygiene. Continued review of the client's records on May 21, 2008 at 4:30 PM revealed his IPP dated May 8, 2008. Reviet the IPP failed to provide evidence of a train program to address the client's poor oral hygiene.	008 at ng to e e 1 w of ing	An in service training was given to staff on 05/24/08 on proper tooth brushing and oral care. Encourage rinsing mouth after each meal and in between as needed. The QMRP and HM will continue to monitor the tooth brushing program. Data collection for oral hygiene program started effective 06/01/08. Attachment #3 0-3 H	6/01/08		
	2. The facility failed to ensure Client #1 was taught to wipe his mouth appropriately. Observation of Client #1 on May 19, 2008 a PM revealed the client was observed to wip saliva on the cuff of his right shirt sleeve. A PM, the client was again observed to wipe it saliva on the cuff of his sleeve. It should be noted that the client's shirt cuff was observed be wet. Again at 6:31 PM, at 6:32 PM and 6:35 PM the client was observed to wipe sa on the cuff of his sleeve. Interview was conducted with a Qualified M Retardation Professional on May 21, 2008, revealed the client wore a bib in the past to protect him from drooling. The QMRP further revealed that the drooling drastically decreasince the client had been receiving Dicyclored.	at 4:45 e his t 5:50 his e ed to at liva ental that er ased	The direct care staff was in serviced on 05/24/08 to encourage client #1 to use the napkin to wipe his saliva from his mouth. A box of napkin is to stay with him at all the times. Staff will coach him as needed. Attachment #4	5/24/08		
	HCL.(medication prescribed specifically to address the drooling) in 2005. At the time of survey, however, the client failed to receive supports to address his behavior of wiping son his shirt.	}				

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AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADD							
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	N SHOULD BE COM		
I 432	Continued From page 5 [See also Federal Deficiency Report Citation W242]			I 432	Please see answer to W242.		
I 484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to remove outdated drugs from use, for one of three clients (Client #1) in the sample. The finding includes:			l 484	to waya.		
	administration on N Client #1 was obse eyedrops. After the the facility's medica surveyor the box co Review of the medi	tion of the medication flay 19, 2008 at 6:23 rved to receive Tearge medication adminis ation nurse handed the ontaining the eyedrop ication label on Client that an expiration data	PM, gen tration, e s. #1's		An in service was done on 05/2 medication nurse. The eye client #1 was replaced immed the nursing staff will ensur medication that has expired removed from use.	drops of liately and e that all	05/20/08
	that Client #1's eye 2008. The medicar was not aware that expired. Further in nurse revealed that that facility was res medication cabinet	durse on May 19, 200 drops had expired or tion nurse indicated the client's eyedrops terview with the medit the charge nurse as ponsible for reviewing. At the time survey, ure that Client's #1's noved from use.	May 8, hat he had cation signed to g the the		Please see attachment #7		